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## Journal Abstracts

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**Bhargava, A. (2004). Socio-economic and behavioural factors are predictors of food use in the National Food Stamp Program Survey. *British Journal of Nutrition*, 92, 497-506.**

The unhealthy dietary patterns in the USA especially among low-income households demand complex strategies for health promotion. The present paper analysed the proximate determinants of 7 d food use by 919 participants in the National Food Stamp Program Survey conducted in 1996. The households' consumption of dietary energy, carbohydrate, protein, fibre, saturated, monounsaturated and polyunsaturated fats, Ca, Fe,  $\beta$ -carotene and vitamin C were explained by background, socio-economic and behavioural factors. Certain methodological issues arising in modelling food use data were addressed. The results showed that the subjects' knowledge of the US Department of Agriculture food pyramid, reading nutrition labels, adopting a low-fat diet, selecting fruits and vegetables, saving money at grocery stores and frequency of shopping trips were often significantly associated ( $P < 0.05$ ) with the densities of nutrient use. The results identified certain aspects of nutrition education programmes that deserve greater emphasis for improving diet quality. The model for energy intake indicated that disbursing half the food stamp benefits on a 2-week basis and better shopping practices can enhance food availability.

**Fan, J.X., & Zick, C.D. (2004). The economic burden of health care, funeral, and burial expenditures at the end of life. *The Journal of Consumer Affairs*, 38(1), 35-55.**

Research suggests that widows and widowers experience substantial economic vulnerability. Using nationally representative data from the Consumer Expenditure Surveys 1980-2000, we describe pre-widowhood shifts in medical and funeral/burial expenditures and discuss how these changes may affect post-widowhood economic well-being. Our analyses suggest that funeral/burial and medical expenditures, when combined, typically constitute a 63.1% income share for recently widowed households. Discussion focuses on what role consumer educators can play in helping families better manage end-of-life expenditures.

**Glanz, K., & Hoelscher, D. (2004). Increasing fruit and vegetable intake by changing environments, policy and pricing: restaurant-based research, strategies, and recommendations. *Preventive Medicine*, 39, S88-S93.**

**Background.** Restaurants are among the most important and promising venues for environmental, policy, and pricing initiatives to increase fruit and vegetable (F&V) intake. This article reviews restaurant-based environmental, policy and pricing strategies for increasing intake of fruits and vegetables and identifies promising strategies, research needs, and innovative opportunities for the future.

**Methods.** The strategies, examples, and research reported here were identified through an extensive search of published journal articles, government documents, the internet, and inquiries to leaders in the field. Recommendations were expanded based on discussion by participants in the CDC/ACS-

sponsored Fruit and Vegetable, Environment Policy and Pricing Workshop held in September of 2002.

**Results.** Six separate types of restaurant-based interventions were identified: increased availability, increased access, reduced prices and coupons, catering policies, point-of-purchase (POP) information, and promotion and communication. Combination approaches have also been implemented. Evaluation data on these interventions show some significant impact on healthful diets, particularly with point-of-purchase information. However, most published reports emphasize low-fat eating, and there is a need to translate and evaluate interventions focused on increasing fruit and vegetable intake.

**Conclusions.** Several models for changing environments, policy and pricing to increase fruit and vegetable availability, access, attractiveness and consumption in restaurants have been tested and found to have some promise. There is a need to evaluate fruit and vegetable-specific strategies; to obtain data from industry; to disseminate promising programs; and to enhance public-private partnerships and collaboration to expand on current knowledge.

**Hedley, A.A., Ogden, C.L., Johnson, C.L., Carroll, M.D., Curtin, L.R., & Flegal, K.M. (2004). Prevalence of overweight and obesity among US children, adolescents, and adults, 1999-2002. *JAMA*, 291(23), 2847-2850.**

**Context** The prevalence of overweight and obesity has increased markedly in the last 2 decades in the United States.

**Objective** To update the US prevalence estimates of overweight in children and obesity in adults, using the most recent national data of height and weight measurements.

**Design, Setting, and Participants**

As part of the National Health and Nutrition Examination Survey (NHANES), a complex multistage probability sample of the US non-institutionalized civilian population, both height and weight measurements were obtained from 4115 adults and 4018 children in 1999-2000 and from 4390 adults and 4258 children in 2001-2002.

**Main Outcome Measure** Prevalence of overweight (body mass index [BMI]  $\geq 95^{\text{th}}$  percentile of the sex-specific BMI-for-age growth chart) among children and prevalence of overweight (BMI, 25.0-29.9), obesity (BMI  $\geq 30.0$ ), and extreme obesity (BMI  $\geq 40.0$ ) among adults by sex, age, and racial/ethnic group.

**Results** Between 1999-2000 and 2001-2002, there were no significant changes among adults in the prevalence of overweight or obesity (64.5% vs 65.7%), obesity (30.5% vs 30.6%), or extreme obesity (4.7% vs 5.1%), or among children aged 6 through 19 years in the prevalence of at risk for overweight or overweight (29.9% vs 31.5%) or overweight (15.0% vs 16.5%). Overall, among adults aged at least 20 years in 1999-2002, 65.1% were overweight or obese, 30.4% were obese, and 4.9% were extremely obese. Among children aged 6 through 19 years in 1999-2002, 31.0% were at risk for overweight or overweight and 16.0% were overweight. The NHANES results indicate continuing disparities by sex and between racial/ethnic groups in the prevalence of overweight and obesity.

**Conclusions** There is no indication that the prevalence of obesity among adults and overweight among children is decreasing. The high levels of overweight among children and obesity

among adults remain a major public health concern.

**Hossain, F. & Onyango, B. (2004). Product attributes and consumer acceptance of nutritionally enhanced genetically modified foods. *International Journal of Consumer Studies*, 28(3), 255-267.**

Using data from a national survey, this study analyses US consumers' acceptance of genetically modified foods that provide additional nutritional benefits. Using an ordered probit model, this study examines the relation between the willingness to consume genetically modified foods and consumers' economic, demographic and value attributes. Empirical results suggest that despite having some reservations, especially about the use of biotechnology in animals, American consumers are not decidedly opposed to food biotechnology. Consumers' economic and demographic variables are only weakly related to their acceptance of food biotechnology, especially when technology involves plant-to-plant DNA transfer. However, public trust and confidence in various private and public institutions are significantly related to their acceptance of food biotechnology. Overall, consumer acceptance of bioengineered foods is driven primarily by public perceptions of risks, benefits and safety of these food products.

**Kwon, H-K., Zuiker, V.S., & Bauer, J.W. (2004). Factors associated with the poverty status of Asian immigrant householders by citizenship status. *Journal of Family and Economic Issues*, 25(1), 101-120.**

As a response to changing profiles of the Asian population in the United States, this study examines the demographic, human capital, and accultura-

tion factors that are associated with the official poverty status of Asian immigrant householders by their U.S. citizenship status. From the 1990 Census Public Use Microdata Sample (Census of Population and Housing, 1990a), responses from 229,004 Asian householders are analyzed using hierarchical bivariate logistic regression. The results suggests that high levels of human capital and acculturation reduce the odds of Asian householders living below the official poverty threshold, regardless of their citizenship status. The degree to which the selected variables are associated with poverty status varies by citizenship status.

**Zizza, C., Herring, A.H., Stevens, J., & Popkin, B.M. (2004). Length of hospital stays among obese individuals. *American Journal of Public Health*, 94(9), 1587-1591.**

**Objectives.** We examined lengths of hospital stay among individuals categorized according to weight status.

**Methods.** We used data from the First National Health and Nutrition Examination Survey Epidemiologic Followup Survey to estimate length-of-stay differences.

**Results.** Individuals with body mass indexes (BMIs) of 35 kg/m<sup>2</sup> or above, those with BMIs of 30 to 34 kg/m<sup>2</sup>, and those with BMIs of 25 to 29 kg/m<sup>2</sup> had crude length-of-stay rates greater than those of normal-weight individuals. Association between BMI and length of stay varied over time.

**Conclusions.** Obese individuals experience longer hospital stays than normal-weight individuals.